FILED
08 JUL -3 AM 11: 36
BICHARD W. WIEKING CLERK, U.S. DISTRICT COURT BETHERN DISTRICT OF CALIFORNIA

E-Tilling

VINCENT LEEROSENBALM Plaintiff,

Defendant.

CASE NO.

APPLICATION TO PROCEED IN FORMA PAUPERIS

28 U.S.C. 1915 (g)

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1. VINCENTLEE ROSENBACM, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

Are you presently employed? Yes Y No

If your answer is "yes," state both your gross and net salary or wages per month, and give the

name and address of your employer: 25

Approx \$20 week Net: Approx \$20 week Oyer: NAPA STATE HOSPITAL 2100 NAPA VALLEJO HIGHWAY NAPA, CA 94.

Employer: NAPA STATE HOSPITAL 27

1	If the answer is "no," state the date of last employment and the amount of the gross and net							
2	salary and wages per month which you received. (If you are imprisoned, specify the last							
3	place of employment prior to imprisonment.)							
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6		· · · · · · · · · · · · · · · · · · ·						
7	2. Have you received, within the past twelve (12) months, any money from any of the							
8	following s	ources:						
9	. а.	Business, Profession or Yes No						
10		self employment						
11	Ъ.	Income from stocks, bonds, Yes No						
12		or royalties? Rent payments? Yes No Pensions, annuities, or Yes No life insurance payments?						
13	c.	Rent payments? Yes No						
14	d.	Pensions, annuities, or Yes No						
15		life insurance payments?						
16	e.	Federal or State welfare payments, Yes No						
17		Social Security or other govern-						
18		ment source?						
9	If the answ	er is "yes" to any of the above, describe each source of money and state the amoun						
20 21	received from each. 1250 MONTH WELFARE HOSPITA							
22	325	AUTHOR HOUSE PUBLISHING						
23	3. Are	you married? Yes No						
24	Spoușe's F	ıll Name:						
25	Spouse's Pl	ace of Employment:						
26	Spouse's Monthly Salary, Wages or Income:							
27	Gross \$	Net \$						
28	4. a.	List amount you contribute to your spouse's support:\$						

ALL FINANCIALS Estimates

1	b. List the persons other than your spouse who are dependent upon you for							
2	support and indicate how much you contribute toward their support. (NOTE:							
3	For minor children, list only their initials and ages. DO NOT INCLUDE							
4	THEIR NAMES.).							
5	JOR (17)							
6								
7	5. Do you own or are you buying a home? Yes No							
. 8	Estimated Market Value: \$ Amount of Mortgage: \$							
9	6. Do you own an automobile? (2) Yes No							
10	Make GUBARU Year 1992/1993 Model Legacy							
11	Is it financed? YesNo If so, Total due: \$							
12	Monthly Payment: \$							
13	7. Do you have a bank account? Yes No \(\bigvee \) (Do not include account numbers.)							
14	Name(s) and address(es) of bank:							
15								
16	Present balance(s): \$							
17	Do you own any cash? Yes No Amount: \$ ABOUT 10 CENTS							
18	Do you have any other assets? (If "yes," provide a description of each asset and its estimated							
19	market value.) Yes / No_							
20	Personal Property Estimates & 15,000,00							
21	8. What are your monthly expenses?							
22	Rent: \$ Utilities:							
23	Food: \$ Clothing:							
24	Charge Accounts:							
25	Name of Account Monthly Payment Total Owed on This Acct.							
26	\$\$							
27	\$\$\$							
28	\$\$							

9. Do you have any other debts? (List current obligations, indicating amounts and to
whom they are payable. Do not include account numbers.)
CREDIT CARD Debt Ectionated 5-10,000.00
CREDIT CARD Debt ESTIMATED 5-10,000.00 School Found 5-10,000.00
10. Does the complaint which you are seeking to file raise claims that have been presented
in other lawsuits? Yes No
Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
which they were filed.
l consent to prison officials withdrawing from my trust account and paying to the court
the initial partial filing fee and all installment payments required by the court.
I declare under the penalty of perjury that the foregoing is true and correct and
understand that a false statement herein may result in the dismissal of my claims.
6/23/08 Zincent Rosenbalm
DATE SIGNATURE OF APPLICANT

1	
2	Case Number:
3	<i>)</i>
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8	CERTIFICATE OF FUNDS
9	IN
10	PRISONER'S ACCOUNT
11	
12	I certify that attached hereto is a true and correct copy of the prisoner's trust account
13	statement showing transactions of <u>Vincent Rosenbalm</u> for the last six months
14	Napa State Absortal [prisoner name] where (s) he is confined.
15	[name of institution] I further certify that the average deposits each month to this prisoner's account for the
16	most recent 6-month period were $\frac{29.77}{}$ and the average balance in the prisoner's
17	account each month for the most recent 6-month period was \$_\(\mathcal{O} \cdot \mathcal{O} \cdot \mat
18	$\rho \sim 1$
19	Dated: 4-4-08 [Authorized officer of the institution]
20	[rtanonzed officer of the insulation]
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CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).

4/4/2008 7:54:35AM

NAPA STATE HOSPITAL TRUST ACCOUNT / CASHIERS' SYSTEM II

Page 1 of 1

Patient Ledger Report

2069375 ROSENBALM, VINCENT

	TransDate	Doc No.	Item	Comment	Withdrawl	Deposit	Balance
1	10/22/2007	13-154338	Cash Disbursement	cashlist v-314	\$5.00		\$0.00
2	10/24/2007	18-075321	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
3	10/29/2007	13-154384	Cash Disbursement	cl v337	\$12.50		\$0.00
4	11/23/2007	18-75407	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
5	11/26/2007	13-154581	Cash Disbursement	Cashlist V-400	\$12.50		\$0.00
6	12/03/2007	16-75436	CK-AUTHOR HOUSE 1663 LIBERTY DR STE 200	BLOOMINGTON IN 47403		\$3.25	\$3.25
7	12/11/2007	16-75478	CCK-UNKNOWN SENDER	CCK-UNKNOWN SENDER		\$50.00	\$53.25
8	12/17/2007	13-154774	Cash Disbursement	cl v463	\$33.25		\$20.00
9	12/24/2007	13-154828	Cash Disbursement	cl v485	\$10.00		\$10.00
10	01/04/2008	13-154914	Misc Disbursement	NSH-COPY CARD V518	\$10.00		\$0.00
11	01/22/2008	18-075585	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
12	01/28/2008	13-155104	Cash Disbursement	cl v580	\$12.50		\$0.00
13	02/21/2008	18-075665	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
14	02/25/2008	13-155262	Cash Disbursement	cl v649	\$12.50		\$0.00
15	03/20/2008	17-75749	PP P/E 3/21/08	PP P/E 3/21/08		\$75.33	\$75.33
16	03/24/2008	13-155495	Cash Disbursement	cl v728	\$12.50		\$62.83
17	04/01/2008	13-155540	Cash Disbursement	CL V750	\$45.00		\$17.83

REGENTED 8005 8 8 NUL

SAN FRANCISCO, CA94/02



